STATEMENT OF DEFICIENCIES	(X1) PROVIDER/SUPPLIER IDENTIFICATION NUMBER:	(X3) DATE SURVEY COMPLETED
	AL11965413	02/13/2014
NAME OF PROVIDER OR SUPPLIER **Homewood Residence At Coconut Creek**	STREET ADDRESS, CITY, STATE, ZIP CODE **4175 West Sample Road Coconut Creek, FL 33073**	
SUMMARY STATEMENT OF DEFICIENCIES (FINDINGS PRECEDED BY TAG AND REGULATORY IDENTIFYING INFORMATION)		

List of Tags Cited:

St - A - 0165 - 429.23 Fs; 58a-5.0241 Fac - Risk Mgmt & Qa; Adverse Incident Report S-S= D

Specific Tag Findings:

0000-Initial Comments
An unannounced complaint inspection survey (CCR#2013012767) was conducted on [redacted] at Homewood Residence at Coconut Creek. The facility had a deficiency found at the time of the visit.

0165-Risk Mgmt & QA; Adverse Incident Report 429.23 FS; 58A-5.0241 FAC
Based on record review and interview, the facility failed to file an adverse incident report as required, for 1 of 3 (Resident #1) sampled records reviewed.

The findings include:

A review of Resident #1's record revealed a note dated [redacted] indicating the following. On [redacted] at 12:30 AM, resident was not in his [redacted]. Staff members searched premises, made Health and Wellness Director aware of situation, who then contacted the Administrator . The Administrator arrived to the facility at the same time as the local law enforcement agency. The local law enforcement agency informed the Administrator that Resident #1 was at a neighboring law enforcement agency . The neighboring law enforcement agency brought Resident #1 back to the facility and advised the Administrator that Resident #1 was seen on a major intersection, by a citizen who attempted to help him , but referred him to the neighboring law enforcement agency instead.

The Facility's Missing Resident Policy was reviewed and Step #7 reads as follows:
"within 24 hours of the elopement, the Executive Director or designee will notify the appropriate State Agency".

During an interview conducted on [redacted] at 2:28 PM with Staff #1 who was working with Resident #1 on the day of the incident the following was revealed. She states that on [redacted] at approximately 12:15, she heard the alarm go off; she realized that Resident #1 was missing. She notified the Manager on duty who notified the Administrator, she later found out that Resident #1 was with law enforcement.

In an interview conducted on [redacted] at 12:25 PM with the Administrator, he states that he is responsible to file incident reports to the state. He states that on [redacted], he received a call at about 12:30 -1:00 AM, he came in to the facility about 1:30 AM. The local law enforcement agency arrived a few minutes later and informed him that a neighboring law enforcement agency was bringing Resident #1 back to the facility. In a subsequent interview with the Administrator on [redacted] at 11:40 AM, he confirmed that he had not filed the required report with the state..

Class III

AHCA
FLORIDA AGENCY FOR HEALTH CARE ADMINISTRATION

RICK SCOTT
GOVERNOR

ELIZABETH DUDEK
SECRETARY

, 2014

Administrator
Homewood Residence At Coconut Creek
4175 West Sample Road
Coconut Creek, FL 33073

RE: CCR #2013012767

Dear Administrator:

This letter reports the findings of a complaint survey that was conducted on , 2014 by a representative of this office.

Attached is the provider's copy of the State (5000-3547) Form, which indicates the deficiencies that were identified on the day of the visit. Section 408.811(4), Florida Statutes, requires that you correct these deficiencies within thirty days of the date of this letter unless the Agency has approved another timeframe. Staff from this office will conduct a review after **2014** to verify that the necessary corrections are in place to correct the deficiencies identified on your survey.

The Quality Assurance Questionnaire has long been employed to obtain your feedback following survey activity. This form has been placed on the Agency's website at http://ahca.myflorida.com/Publications/Forms.shtml as a first step in providing a web-based interactive consumer satisfaction survey system. You may access the questionnaire through the link under Health Facilities and Providers on this page. Your feedback is encouraged and valued, as our goal is to ensure the professional and consistent application of the survey process.

Thank you for the assistance provided to the representative. Should you have any questions please call this office at (561) 381-5840.

Sincerely,

L. Mayo-Davis, Supervisor

Arlene Mayo-Davis
Field Office Manager

AMD
Enclosure